

NEWS

The Newsletter of the Veterans Health Administration's Parkinson's Disease Research Education & Clinical Center Richmond/Southeast

Research at PADRECC SE

A variety of exciting Parkinson's disease research, clinical studies and trials are going on in Richmond at the PADRECC SE and across the river at Virginia Commonwealth University, our affiliated medical school. Researchers have been presenting their work at multiple professional meetings such as the American Academy of Physical Medicine and Rehabilitation, American Neurological Association, Gerontological Society of America, the Movement Disorder Society, Society for Neuroscience, and the World Parkinson Congress. Their research has been published in professional journals.

The most recent edition of NeuroRehabilitation (Volume 20, Number 3, 2005) was a Special Edition titled Rehabilitation and Neurologic Repair in Parkinson's Disease. It featured Parkinson's disease research from the six Veteran's Health Administration (VHA) Parkinson's Disease Research, Education, and Clinical Centers (PADRECC). Guest editors for the issue were David X. Cifu, MD (PADRECC SE physiatrist, Associate Director of Patient Care Services) and Ron Seel, PhD (former PADRECC SE Admin Officer). This issue addresses the importance of neurorehabilitation as a primary treatment modality for the management of Parkinson's disease (PD). PADRECC SE authors are showcased in several articles in the journal including: "Efficacy of a multidisciplinary treatment program on one-year outcomes of individuals with Parkinson's disease" by Carne, Cifu, Marcinko, Pickett, Baron, Qutubuddin, Calabrese, Roberge, Holloway & Mutchler; "A brief neuropsychological protocol for assessing patients with Parkinson's disease" by Ong, Seel, Carne, Brown, Pegg and Jehle; and "Cell replacement efforts to repair neuronal injury: A potential paradigm for the treatment of Parkinson's disease" by Fillmore, Holloway and Gillies.

The September 2005 Journal of Neurosurgery (Volume 103, Number 3) featured Holloway, Gaede, Starr, Rosenow, Ramakrishman,& Henderson in "Frameless stereotaxy using bone fiducial markers for deep brain stimulation".

Two new clinical trials involving patients with PD will be starting soon at PADRECC SE. One involves evaluating the efficacy of the medication quetiapine (Seroquel) for dopamine-induced dyskinesias. The other studies dopamine-induced hallucinations and is sponsored by Ovation Pharmaceuticals.

Winter 2006 Issue



Theresa McGuirk, Research assistant, patient, and Sharon Poston, Physical Therapist during balance exercise study.

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PADRECC Richmond/SE STAFF

Our team of caring and qualified professionals consist of a mix of full-time, part-time, government, contract and feebasis employees. Many staff have academic affiliations at Virginia Commonwealth University (VCU) Medical Center.

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Published twice a year, winter and summer editions. Submissions and ideas are welcome and will be considered for publication. Please send to the editor lynn.klanchar@va.gov or call (804) 675-6952.

From the editor

Happy New Year! I hope you are well and enjoying this mild winter. After all, isn't that one of the reasons why we love living in the Southeast? Though sometimes I miss my hometown Pittsburgh (and the amazing Steelers), I don't miss the winter weather.

What things do you need to work on in the new year? Take a minute to reflect on your perspective about your illness. Do you have a positive attitude? Enough people (both friends and healthcare professionals) in your support network? A regular exercise plan? Enough information to make sound decisions about your medications and health care plan? These are all things we can help you with at PADRECC clinic visits and support groups.

My first year at PADRECC has gone by like lightning. Thanks to you all, I have learned a great deal about PD. I also quickly found that the learning never stops. My hope is that those of you living with PD and your caregivers stay aware and continue to educate yourself. Become the personal expert about your Parkinson's disease. We need your input when you come for appointments. Write down your questions and observations. Maintain a medication diary. Bring these to your next visit. Together, you and your health care team can keep you functioning at the highest level possible. That's a PADRECC promise!

We have an exciting set of support group topics in 2006 with a few months yet to be determined. Hope you can make at least a few of the meetings this year. Go to page 4 to see the dates and topics. Tell us about any topics you might like presented.

The website www.va.gov/netsix-padrecc
for PADRECC Southeast now features an expanded list of Education Resources for patients and family (as well as health care providers). And if you are internet challenged, we do have this information available as paper handouts. Ask next time you visit or call.

Stay positive, Be well! Lynn





Who is eligible for PADRECC?

Veterans who received an honorable discharge from any branch of the service & served on Active Duty during war or Peacetime & meet eligibility requirements for VA health care benefits.

How do I apply for enrollment & get an appointment?

First step is completing a Veterans Affairs (VA)
health care benefits application. Call (877) 222-8387
or go to www.va.gov. Once enrolled, your VA doctor
can make a referral to PADRECC Southeast at (804) 675-5931.
We can also work with your current Neurologist or use Telemedicine.

Research Opportunities at PADRECC SE

Available to veterans & non-veterans diagnosed with PD.
You do not need to be a veteran or enrolled to participate in some research.

Clinical Care

VA News

75th Anniversary of the VA

The U.S. Department of Veterans Affairs (VA) is commemorating 75 years of service with a year of anniversary events that began July 2005.

At his Second Inaugural Address on March 4, 1865, President Abraham Lincoln affirmed the government's obligation to its veterans in his words, "...to care for him who shall have borne the battle and for his widow and his orphan". On July 21, 1931, President Herbert Hoover created a new agency, the Veterans Administration. In 1988, President Ronald Reagan signed into law the Department of Veterans Affairs Act. This established the VA as an executive department and re-designated it as the Department of Veterans Affairs. The department's mission is to provide Federal benefits to veterans and their families.

Lincoln's immortal words went on to became the VA's motto. Today after 75 years, the Veterans Healthcare Administration (VHA) has 154 hospitals and 875 VA outpatient clinics that bring health care to veterans where they live.

Veterans' Health Care Outscores Private Sector – For the 6th Consecutive Year

A January 18, 2006 news release reports that veterans continue to be more satisfied with their health care than the average American, according to an annual report on customer satisfaction that compares the Department of Veterans Affairs (VA) health care system with private-sector health care.

The ratings came in the annual American Customer Satisfaction Index (ACSI) which ranks "customer satisfaction" with various federal programs and private-sector industries. The ACSI gave VA's inpatient care a rating of 83 on a 100-point scale, compared to the 73 rating achieved by the private-sector. VA's rating of 80 for outpatient care was five percentage points higher than the 75 rating for private-sector and nine percentage points higher than the average satisfaction for all federal services.

The entire news release can be found at www.va.gov/opa/presssrel/.

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Parkinson's Disease Support Groups

PADRECC Support Group Hunter Holmes McGuire VAMC 1201 Broad Rock Blvd., Richmond, VA Room 2K-113/115 1-3 pm

2006 dates & topics

Thursdays

Jan 26 - Compulsive Behaviors: Gambling, Sex & PD Peggy Roberge, RN, PADRECC SE

Feb 16 - Meds used to Treat Symptoms of PD Dr. Lipps, PharmD, Richmond VAMC

Mar 23 - Driving & PD - John H. Vaughter, M.Ed, RKT, Certified Driver Rehab Specialist

Apr 27 - 25 years of PD Support Group experience Pat Craven, APDA Va Beach Chapter

May 25 - Innovative Products to Improve your QOL Ann Perkins, LMS Inc., Va Beach

Jun 22 - TBA

Jul 27 - TBA

Aug 24 - TBA

Sep 28 - PD Issues: A Social Worker's Perspective *Gayle Jackson-Lewis, MSW, Richmond VAMC*

Oct 26 - TBA Nov 16 - TBA

Dec 14 - Holiday Gathering TBA means topic 'to be announced' Contact: Lynn Klanchar (804) 675-6952 Richmond Metro Chapter American Parkinson Disease Association (APDA)

Educational Support Group 3rd Sunday every month – 2 pm

Health South, 5700 Fitzhugh Avenue Contact: Kathy Morton (804) 730-1336

Social Support Group

1st Tuesday every month – 7 pm

Circle Center, Broad St, Methodist Home Contact: Ann Spinks (804) 355-5717

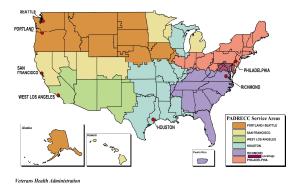
Young Onset Support Group

Contact: Cheryl Majeske (804) 932-3846 cherylmajeske@hotmail.com

WEBSITE

www.parkinsonrichmond.com

Recommended Service Areas for PADRECCs



PADRECC SE serves many states in the Southeast Region of the country.

How do I find a support group if I don't live in the Richmond area?

American Parkinson Disease Association (APDA) provides a list of support groups throughout the US and can be found through its Information & Referral (I&R) Centers. Go to www.apdaparkinson.org or call your nearest APDA I & R Center.

APDA I&R Centers serving the Southeast

Birmingham AL: (205) 833-4940/934-9100 Hot Springs AR: (501) 321-2811/922-4976

Jacksonville FL: (904) 953-7030 Pompano Beach FL: (800) 825-2732 St. Petersburg FL: (727) 898-2732

Atlanta GA: (404) 728-6552

Durham NC: (919) 681-2033/668-2938

Memphis TN: (901) 516-0677 Nashville TN: (615) 342-4635 or

(800) 493-2842

Charlottesville VA: (434) 982-4482

Also provides support group info:

Parkinson Association of the Carolinas (704) 248-3722 www.parkinsonassociation.org

Parkinson Foundation of the National Capital Area (703) 891-0821 www.parkinsonfoundation.org

Parkinson's Disease Foundation (PDF) Parkinson's Information Service (PINS) (800) 457-6676 www.pdf.org

National Parkinson Foundation (NPF) (800) 327-4545 www.parkinson.org

Can deep brain stimulation (DBS) help you or someone you love?

<u>In Southeast US</u>, contact Kelli Massey-Makhoul, RN, CCRP, PADECC SE Neurological Nurse Coordinator at (804) 675-5931 or toll-free (800) 784-8381 ext. 5931 <u>Criteria for study inclusion</u>: idiopathic PD, Hoehn & Yahr stage 2 or worse when off medications, L-Dopa responsive with clearly defined "on" periods, persistent disabling symptoms at least 3 hours a day despite medication, stable on medical therapy for at least one month prior to study enrollment, age greater than 21, available & willing for follow-up care & evaluation at McGuire VAMC, Richmond, VA.

<u>Read more</u>: PDF has a free booklet "Deep Brain Stimulation" – call (800) 457-6676. Activa offers the "All About Activa" Kit (Activa therapy is also known as DBS) - call (800) 675-5752 or visit www.NewHopeforParkinsons.com.

PLEASE POST

PLEASE POST

ATTENTION

Do you and/or your colleagues follow **Veterans with Parkinson's Disease** in any of your VA clinics, home care programs, or inpatient units?

Are some of your Parkinson's Disease patients no longer benefiting well from medication therapy alone?

Could they be candidates for deep brain stimulation surgery?



If so, you may be interested in a research study being conducted in the VA, funded by VA's Cooperative Studies Program and the National Institute of Neurological Disorders and Stroke.

The Department of Veterans Affairs (VA) in conjunction with the National Institute of Neurological Disorders and Stroke (NINDS) is currently conducting a randomized, multi-center clinical trial of deep brain stimulation (DBS) for Parkinson's disease. The study will enroll 316 patients at 13 centers over three years.

The goals of this project are to compare the effectiveness of DBS and comprehensive medical therapy as treatments for PD, and to compare bilateral DBS at 2 areas of the brain-the subthalamic nucleus (STN) and the globus pallidus (GPi)--to determine the most effective brain site for surgical intervention. Patients will initially be randomized to immediate surgery (DBS) or to 6 months of "best medical therapy" (BMT). Outcomes of DBS and BMT patients will be compared at 6 months. BMT patients will then proceed into the surgical phase of the trial. The DBS site (STN or GPi) will be assigned on a random basis at the time the patient enters the surgical phase of the trial. Patients will be followed for two years post surgery. The findings will be critically important in establishing the optimal surgical treatment of the disabling symptoms of PD.

Patients with Parkinson's disease who have persistent disabling symptoms despite optimal medical therapy are suitable for this study. Patients who are qualified will receive the most advanced DBS device (Kinetra by Medtronic, Inc.) and a handle-held controller to assist in programming management of DBS.

Participating centers for the VA-NINDS DBS Trial are located at VA Parkinson's Disease Research, Education and Clinical Centers (PADRECCs):

Seattle, WA
 Portland, OR
 San Francisco, CA
 Los Angeles, CA
 Houston, TX
 Richmond, VA
 Philadelphia, PA

For more information or to <u>refer</u> a patient for screening, please contact Gatana Stoner, R.N., CCRC at: (319) 353-6679 National Study Coordinator

PLEASE POST

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Community Events

PARKINSON'S DISEASE UPDATE 2005



Check-in desk manned by PADRECC SE staff

Morning session included a lecture for those newly diagnosed by Miriam Hirsch, RN, and presentations by Fred Wooten, MD, Carol Manning, PhD from the University of Virginia; Dr. Kap Holloway & Dr. Mark Baron both from PADRECC SE & Virginia Commonwealth University Medical Center.



I to r: Drs. Manning, Holloway, Baron, Wooten

The panel of doctors handled questions and answers from the audience on a wide range of topics related to Parkinson's disease. Lunch was next. The afternoon session featured a presentation by Deny Brown, RN, WHNP, CHTP/I who introduced the group to Healing Touch, an energy-based complimentary therapy to promote relaxation and well-being in Parkinson's disease.

The fall symposium this year for people living with Parkinson's disease and their families was held on **October 8, 2005 at Holiday Inn Select in Richmond.** The day was rainy and windy, but 152 people braved the weather to listen to the experts, joining others like them for a day long program including lunch, learning, and networking.



Koger South Conference Center

Parkinson's Disease Update 2005 was a collaborative effort of PADRECC SE, APDA Richmond Metro Chapter, APDA I&R Center of Virginia, UVA Health System & VCU Medical Center. Planning team included: Kathy Morton, President APDA Richmond Metro, Susan Dietrich, APDA I&R Center Coordinator, Miriam Hirsch, VCU Medical Center, and Lynn Klanchar, PADRECC.



I to r: Morton, Hirsch, Dietrich, Klanchar

Education Page UPCOMING EVENTS

12th ANNUAL PARKINSON'S ACTION NETWORK (PAN) FORUM

FEB 19-21, 2006 Washington, DC

Contact: www.parkinsonsaction.org or (800) 850-4726

Research and Education and Public Policy Forum. PAN is the unified education and advocacy voice for current legislation impacting the PD community. Registration fee \$150.

PARKINSON'S CAREGIVER SERIES

FEB 21, 6-8pm, Charlotte, NC

Contact: (704) 248-3717 or www.parkinsonsassociation.org

An education and support program for families caring for a loved one with PD. Cost is \$10 per person. Dinner provided. Sponsored by Parkinson's Association of the Carolinas.

DEMENTIA with LEWY BODIES (DLB) and DEMENTIAS associated with PARKINSON'S DISEASE (PDD) at a CROSSROAD

FEB 21-22, 2006, Washington, DC

Contact: (215) 823-5800 x2238 (Dawn McHale) for patient/caregiver registration
This 2 day pre-conference to the WPC will thoroughly examine the basic and clinical aspects of the dementias associated with Parkinson's disease (PDD) and the entity that has become known as Dementia with Lewy Bodies (DLB). Free.



WORLD PARKINSON CONGRESS (WPC)

FEB 22-26, 2006, Washington, DC

Contact: www.worldpdcongress.org or (800) 457-6676

Doctors, researchers, health professionals, caregivers, and people with Parkinson's disease will gather to share knowledge, exchange resources, and develop collaborative relationships to identify the best treatment practices and ultimately find a cure for Parkinson's.

Patient/caregiver registration is \$100.

12th PARKINSON'S UNITY WALK

Saturday, APRIL 29, New York City

Contact: www.unitywalk.org or (866) PUW-WALK or (866) 789-9255

Community and Education Day in Manhattan's Central Park to raise awareness and fundraising for PD research since 1994.

FALL SYMPOSIUM - PATIENT/FAMILY CONFERENCE

tentative date: OCT 7 or 14, 2006 (details next newsletter)

Virginia location to be determined. Annual symposium sponsored by APDA Richmond Metro Chapter, APDA Virginia Information and Referral Center and PADRECC SE.

Education Page RESOURCES TO KNOW ABOUT

Diagnosis Parkinson's disease: You are not alone: This free video/DVD and booklet was created for a person who has just been diagnosed. Available from the Parkinson's Disease Foundation (PDF) Parkinson's Information Service (PINS). Supported by an educational grant from GlaxoSmithKline. Call (800) 457-6676 and request your own copy in preferred format.

Managing Parkinson's: Straight Talk and Honest Hope: A DVD created especially for newly-diagnosed Parkinson's patients and their loved ones. Contains more than an hour of interviews with experts, plus an extensive resources section. Presented by the Washington State Chapter of the APDA and funded entirely by donations. Contact: www.waparkinsons.org or (888) 400-2732 or (206) 543-5369.

Parkinson's Training for Caregivers: This free online tutorial course for Parkinson's caregivers (or anyone in the Parkinson's community) is an ideal tool to learn more about PD and how to best assist people with PD. Northwest Parkinson's Foundation has partnered with the US Department of Health and Human Services and the Administration on Aging to develop this course. The program consists of 8 lessons and features short audio/visual clips of actual Parkinson's symptoms and demonstrates how to help with daily routines. The medication guide is especially useful. Highly recommended. Go to www.parkinsonseducator.org.

Worldwide Education and Awareness for Movement Disorders (WE MOVE): Looking for information about Restless Leg Syndrome (RLS), Essential Tremor (ET), dystonia and other types of movement disorders? This is a good source. Go to www.wemove.org.

MyHealtheVet: This is the Veteran's Affairs (VA) personal online health record system designed for veterans in the VA health care system. Track health conditions and access health information from a health education library. A popular feature is a secure online prescription service. Refill request is routed to VA's computer system then filled by the outpatient mail pharmacy. Meds are sent directly to the veteran, eliminating a trip to the pharmacy and wait lines. Sign up at the VA's website at www.myhealth.va.gov.

SENNE PASTE - Recipe for constipation

Ingredients:

15 Senna tea bags (Alvita brand has 30 in a box)

1-11/2 cups boiling water

5 oz. prunes

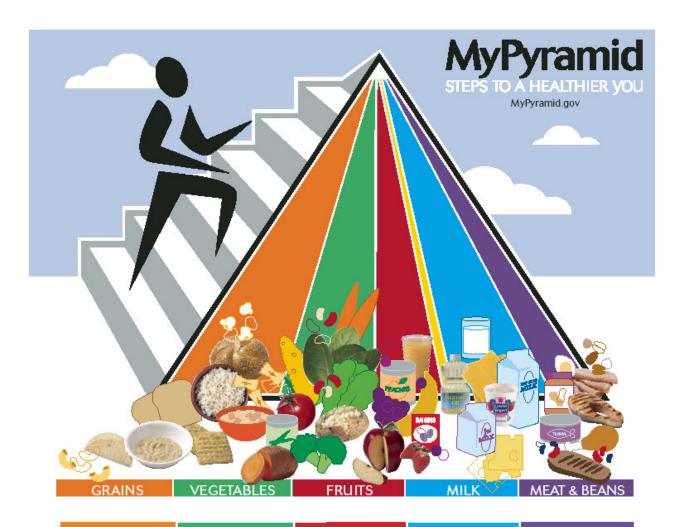
6 oz. raisins

6 oz. figs

¼ cup lemon juice

- Put the tea bags in the boiling water and steep for 5 minutes (in a large pot).
- Add the fruit and boil for 5 minutes.
- Remove from the heat and let cool.
- Add the lemon juice.
- Use a food processor to mix and smooth the paste.
- Place in a glass container. Store in freezer. It will not freeze and keeps a long time. USE 1 or 2 TABLESPOONS DAILY. Spread on toast.

(Credits: from the kitchen of Peggy Woodruff - recipe was in information from the Parkinson's Foundation)



Make half your grains whole	Vary your veggies	Focus on
Eat at least 3 oz, of whole- grain cereals, breads,	Eat more dark-green veggies like broccoli, spinach, and other	Eat a variety of
crackers, rice, or pasta every day	dark leafy greens	Choose fresh, fr canned, or dried
	Eat more orange vegetables	
1 oz. is about 1 slice of bread, about 1 cup of	like carrots and sweetpotatoes	Co easy on frui
breakfast cereal, or 1/2 cup	Eat more dry beans and peas	

Eat more dry beans and peas like pinto beans, kidney beans, and lentils

FRUITS fruits

f fruit

frozen, ed fruit

it juices

MILK

Get your calcium-rich foods

Go low-fat or fat-free when you choose milk, yogurt, and other milk products

If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages

MEAT & BEANS

Go lean with protein

Choose low-fat or lean meats and poultry

Bake it, broil it, or grill it

Vary your protein routine choose more fish, beans, peas, nuts, and seeds

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day

of cooked rice, cereal,

or pasta

Eat 21/2 cups every day

Eat 2 cups every day

Get 3 cups every day; for kids aged 2 to 8, it's 2

Eat 51/2 oz. every day

Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.





PADRECC Southeast STAFF IN THE NEWS



MARK S. BARON, MD **DIRECTOR, PADRECC SE**

Dr. Baron posed next to this Salvador Dali print in his office. Dali (1904-1989), the famous surrealistic Spanish painter, had Parkinson's disease.

Congratulations to Dr. Mark Baron who was recently appointed Director, Southeast Parkinson's Disease Research, Education and Clinical Center. He had been a staff neurologist/movement disorder specialist at PADRECC SE since 2002. Dr. Baron is also an Associate Professor of Neurology at Virginia Commonwealth University. He did a Clinical/Research Fellowship in Movement Disorders at Emory University School of Medicine following his Internship in Medicine and Residency in Neurology in Boston, Massachusetts. He earned his MD from the Medical College of Georgia. His research focus is on the neurophysiological basis of Parkinson's disease, dyskinesias, and dystonia. He has also served as PADRECC SE's Associate Director of Research, and the Chairman of the Research Subcommittee for the National VA Parkinson's Disease Consortium.

Cathy McGrady was selected to the role of Administrative Officer at PADRECC SE in December 2005. This is a promotion for Cathy who has been with PADRECC since 2002 as a Program Support Assistant. She has a total of 11 years experience at Richmond VAMC having served as budget administrator for the Laundry Department prior to her joining the PADRECC staff. Congrats Cathy!



CATHY MCGRADY Administrative Officer PADRECC SE





Peggy Roberge, RN, and Clinical Coordinator at the PADRECC SE recently was named as Virginia State Coordinator for Parkinson's Action Network (PAN). As the unified voice of the Parkinson's community, PAN is an advocate for current legislation impacting those with PD. In the fight to cure PD, it is essential to stay informed about what is happening in science and government. For more information, go to www.parkinsonsaction.org, call (800) 850-4726, or talk to Peggy.

THERESA MCGUIRK, Research **Assistant** recently completed her Masters Degree in Bio-Medical Engineering from VCU and moved to Gainesville, FL. While at PADRECC, she worked closely with Dr. Qutubuddin on the balance study and other research. She is now an engineer at the University of Florida (UF) in the Human Motor Performance Laboratory. The lab is located in the Gainesville Veterans Affairs Medical Center (VAMC), right across the street from UF. Best to you Theresa and thanks for your work at PADRECC SE!

PADRECC and National VA PD Consortium

In 2001, the Veterans Health Administration (VHA) created six Parkinson's Disease Research, Education and Clinical Centers (PADRECC) in an effort to improve care for veterans suffering from Parkinson's disease and to pursue treatments and a cure for this condition. The centers are located in Philadelphia, Richmond, Houston,

Portland/Seattle, San Francisco and West Los Angeles.

Richmond/Southeast

The Hunter Holmes McGuire VA Medical Center in Richmond, VA is home to the PADRECC for the southeastern region of the United States.

PADRECC Clinic and other services: interdisciplinary assessment and treatment, clinical trials, physician consultation, medical management, surgical interventions, neuropsychological services, physical and occupational therapy, speech therapy, nursing services, caregiver resources, educational materials, community education programs and support services.

A **Telemedicine Clinic** is also available for veterans with Parkinson's disease living in the Southeastern region of the US who cannot easily travel to Richmond for an appointment.

National Veterans Affairs Parkinson's Disease Consortium was established to synergize the effectiveness of VA clinicians and to fortify the VA's commitment to veterans with PD and other movement disorders. Membership is free. Contact the Consortium Coordinating Center at (215) 823-5934 or visit the website at www.parkinsonsva.gov

Hunter Holmes McGuire VAMC 1201 Broad Rock Boulevard, Room 2C-114 Richmond, VA 23249 Phone: (804) 675-5931 or toll-free (800) 784-8381 ext. 5931 Fax: (804) 675-5939

Richmond PADRECC website: <u>www.va.gov/netsix-padrecc/</u>
National PADRECC website: <u>www.va.gov/padrecc/</u>

Tip for Emergencies - ICE your cell phone

Paramedics will turn to a person's cell phone for clues to that person's identity. You can make their job much easier with a simple idea that they are trying to get everyone to adopt: ICE.

ICE stands for In Case of Emergency

If you add an entry in the contacts list in your cell phone under ICE, with the name and phone number of the person that the emergency services should call on your behalf, you can save them a lot of time and have your loved ones contacted quickly. It only takes a few moments of your time to do. Paramedics know what ICE means and they look for it immediately. ICE your cell phone NOW.

Is Apokyn Right for You?

The loss of control of body movements, often called off episodes or hypomobility, can be a frustrating and challenging complications of advanced PD. Symptoms of an off episode may include muscle stiffness, slow movements, and difficulty starting movements.

If you are spending hours a day in *off* episodes even with daily treatment on oral PD medications you may be a candidate for Apokyn (apomorphine hydrochloride injection). Apokyn is a dopamine agonist and works by imitating the effects of dopamine in the brain. When injected during an *off* episode, Apokyn may improve your ability to walk, talk, and move around.

If you are having symptoms of "off", ask your movement disorder specialist or neurologist if Apokyn is suitable for you, or contact PADRECC SE to learn more.

Loss of Impulse Control in Parkinson's Disease

Disinhibition or loss of impulse control has been reported in PD, especially after exposure to certain medications such as levodopa and dopamine, and in some patients after deep brain stimulation (DBS). Studies suggest that seriously disabling impulsive behaviors occur in 3-5% of PD patients. Since these behaviors are often performed in secret, the exact prevalence of such disorders in PD is not entirely known.

Characterized by an inability to resist an impulse or temptation, impulse control disorders can be harmful to the individual and others. Such behaviors in PD patients typically involve sex, gambling, or abuse of anti-Parkinson medication. Generally, these behaviors were not present prior to treatment with PD meds or DBS.

Reports suggest that impulse disorders are intensified through the recent addition or increase of a PD medication especially the dopamine agonists (i.e. Mirapex, Requip). Reducing the dose or eliminating the new medicine is the first step in treating the problem and often sufficient in resolving the behavior.

Clinician assessment and screening helps prevent the problem, recognize early signs, and provide prompt intervention. Treatment of impulsive behaviors is critical because pathological gambling and hypersexuality can lead to debt, bankruptcy, and martial problems.

Be open with your health care providers and do not be embarrassed to talk about your concerns. Patients and family members are urged to report any compulsive behaviors such as gambling, unusual sexual thoughts or behavior changes immediately.



Mailing List or Address Change?

If you received this newsletter with a mailing label, you are on our mailing list. If not, and you would like to receive future mailings, complete this form, detach and mail to PADRECC SE, Hunter Holmes McGuire VAMC, 1201 Broad Rock Boulevard, Rm 2C-130, Richmond, VA 23249 or call (804) 675-6952.

PLEASE PRINT

Name:	ne:				
Address:			Apt #		
City	State	Zip			
Phone number: ()		_		
Fmail address:					

Winter 2006 Issue



Parkinson's Disease Research, Education & Clinical Center Richmond/Southeast Hunter Holmes McGuire Veterans Affairs Medical Center 1201 Broad Rock Boulevard Neurology Service #127 Richmond, VA 23249 1-800-784-8381 ext 5931

